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STATE OF DELAWARE
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

BOARD OF GEOLOGISTS
APPLICATION FOR LICENSURE

___ New License

___ License by reciprocity from a state NOT substantially similar to Delaware
State Name _____

Applications must be typed or printed legibly and signed in the presence of a Notary Public.
Please mail your application to the address above along with the non-refundable fee.
Payment may be made by check or money order payable to the "State of Delaware".

Mail to be sent to: () Business () Residence

1. _____
Full Name: Last First Middle
2. _____
Permanent Residence: Address Street & Number City State Zip
3. _____
Business Name & Address City State Zip
4. Phone Residence () _____ Phone Business () _____
5. Email address _____ 6. *Social Security Number _____

* Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that the disclosure of your social security number on this application is required by 29 Del. C. §8807(m). It may be used to enforce child support obligation pursuant to 13 Del. C. §2216 and for other lawful purposes.

7. List geologic or other registrations and licenses that you hold from a governmental body in or out of the State of Delaware. **Do not** include certification by a technical, scientific, or any other non-governmental body. **Do** be sure to provide verification of good standing from the state from which you are applying through reciprocity.

	<u>Type of License</u>	<u>Cert. No.</u>	<u>Issuing Agency/State</u>	<u>Date Issued</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____

8. College or University. Specify geology credits in semester or quarter hours. **You must arrange for an official transcript to be sent directly from your college or university to the Board office.**

a. Name and Location _____
Attendance: From _____ To _____ Major _____
Geology Credits _____ Degree _____ Date Received _____

b. Name and Location _____
Attendance: From _____ To _____ Major _____
Geology Credits _____ Degree _____ Date Received _____

c. Name and Location _____
Attendance: From _____ To _____ Major _____
Geology Credits _____ Degree _____ Date Received _____

9. If licensed in the state through which you are applying for reciprocity **AFTER June 17, 1998**, please provide verified ASBOG test scores below:

Fundamental Score _____ Date taken _____ In what state was this taken? _____

Practice Score _____ Date taken _____ In what state was this taken? _____

For those applicants applying through reciprocity that were licensed BEFORE June 17, 1998, you do not need the ASBOG exam provided the license is in good standing. If you were licensed AFTER June 17, 1998 or if you are applying to Delaware as your first license and have not yet tested, please contact the Board office to make arrangements to take the ASBOG examination.

10. PROFESSIONAL EXPERIENCE: List experience with present position and proceed in reverse chronological order for the previous 5 years. Be sure to list supervisor's address if different from that of the employer. Be brief but supply pertinent facts concerning the degree of responsibility and nature of the geological decisions you have made. Additional sheets may be used if necessary. Be sure to document a minimum of 5 years of work experience as described in the Rules and Regulations, Rule 1.0 'Definitions'. **Please be sure to identify the Delaware Licensed Geologist who supervised any of your work performed in Delaware.**

a. No. of Years: _____ From: _____ To: _____
Name of Employer: _____
Address: _____
Phone: (____) _____ Supervisor: _____
Address: _____
Description: _____

b. No. of Years: _____ From: _____ To: _____
Name of Employer: _____
Address: _____
Phone: (____) _____ Supervisor: _____
Address: _____
Description: _____

c. No. of Years: _____ From: _____ To: _____
Name of Employer: _____
Address: _____
Phone: (____) _____ Supervisor: _____
Address: _____
Description: _____

d. No. of Years: _____ From: _____ To: _____
Name of Employer: _____
Address: _____
Phone: (____) _____ Supervisor: _____
Address: _____
Description: _____

e. No. of Years: _____ From: _____ To: _____
Name of Employer: _____
Address: _____
Phone: (____) _____
Supervisor: _____
Address: _____
Description: _____

11. PROFESSIONAL REFERENCES: List the names of five referees, preferably licensed professionals with a geology background, who are familiar with your work as a geologist and will provide professional experience references on your behalf. Make sure these referees will document a minimum of 5 years work experience listed in section 10 above.

a. Name: _____ Phone: (____) _____
Address _____

b. Name: _____ Phone: (____) _____
Address _____

c. Name: _____ Phone: (____) _____
Address _____

d. Name: _____ Phone: (____) _____
Address _____

e. Name: _____ Phone: (____) _____
Address _____

12. Are any unresolved complaints pending against you in any jurisdiction? Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

13. Have you ever had your license to practice geology suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes___ No___ **If yes, submit a certified copy of your criminal history record.**

15. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)?
Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
16. Do you have any impairment related to drugs or alcohol that would limit your practice of geology?
Yes___ No___ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

When your application is complete, please allow 4-8 weeks to receive your license.

This section is to be completed in the presence of a notary public.

AFFIDAVIT

State of _____)
)SS
County or City of _____)

The undersigned applicant for professional geologist licensure, being sworn, deposes and says that the information contained in this application is true and correct, and that s/he understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

Date:_____ Signature of Applicant:_____

Sworn and subscribed to before me this _____ of _____, 20_____.

Notary Public

My commission expires: _____.